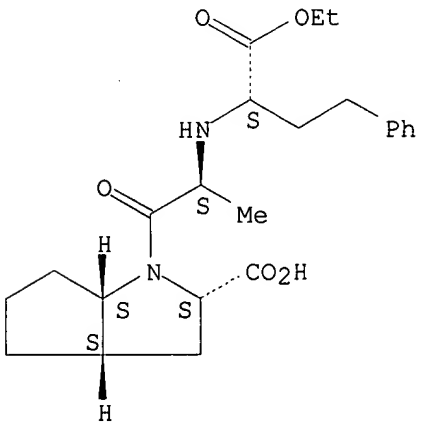
FILE 'MEDLINE, DRUGU, EMBASE, USPATFULL' ENTERED AT 13:43:33 ON 05 SEP 2002

L2	0	S	126613-39-6
L3	0	S	126613-39-6
L4	0	S	126613-39-6
L5	0	S	126613-39-6/REG
L6	41	S	COMPER
L7	0	S	126613-39-6
L8	4335	S	87333-19-5
L9	162	S	L8 AND (RENAL DISEASE)
L10	18	S	L9 AND ALBUMIN
L11	15		DUP REM L10 (3 DUPLICATES REMOVED)

L1 ANSWER 1 OF 1 REGISTRY COPYRIGHT 2002 ACS
RN 87333-19-5 REGISTRY
CN Cyclopenta[b]pyrrole-2-carboxylic acid, 1-[(2S)-2-[[(1S)-1-(ethoxycarbonyl)-3-phenylpropyl]amino]-1-oxopropyl]octahydro-, (2S,3aS,6aS)- (9CI) (CA INDEX NAME)
OTHER CA INDEX NAMES:
CN Cyclopenta[b]pyrrole-2-carboxylic acid, 1-[2-[[1-(ethoxycarbonyl)-3-phenylpropyl]amino]-1-oxopropyl]octahydro-, [2S-[1[R*(R*)],2.alpha.,3a.beta.,6a.beta.]]-
OTHER NAMES:
CN Altace
CN HOE 498
CN **Ramipril**
CN Tritace
FS STEREOSEARCH
DR 126613-39-6
MF C23 H32 N2 O5
CI COM
LC STN Files: ADISINSIGHT, ADISNEWS, AGRICOLA, ANABSTR, BEILSTEIN*, BIOBUSINESS, BIOSIS, BIOTECHNO, CA, CANCERLIT, CAPLUS, CASREACT, CBNB, CEN, CHEMCATS, CIN, CSNB, DDFU, DIOGENES, DRUGNL, DRUGPAT, DRUGU, DRUGUPDATES, EMBASE, IPA, MEDLINE, MRCK*, MSDS-OHS, PHAR, PHARMASEARCH, PROMT, RTECS*, SYNTHLINE, TOXCENTER, USAN, USPAT2, USPATFULL
(*File contains numerically searchable property data)
Other Sources: WHO

Absolute stereochemistry.



PROPERTY DATA AVAILABLE IN THE 'PROP' FORMAT

633 REFERENCES IN FILE CA (1967 TO DATE)
13 REFERENCES TO NON-SPECIFIC DERIVATIVES IN FILE CA
634 REFERENCES IN FILE CAPLUS (1967 TO DATE)

=>

L11 ANSWER 11 OF 15 MEDLINE DUPLICATE 2
AB Angiotensin-converting enzyme inhibitors reduce proteinuria in both normotensive and hypertensive patients with proteinuric **renal disease**. However, the mechanism of the antiproteinuric effect has not been clarified. We performed a prospective, double-blind, placebo-controlled, randomized crossover trial to test the hypothesis that the antiproteinuric effect of ramipril was due to an improvement in glomerular permselectivity independent of blood pressure and glomerular filtration rate. The effect of low-dose (1.25 mg/d) and high-dose (5 mg/d) ramipril was assessed in 15 normotensive nondiabetic patients with proteinuria (> 150 mg/d). The study was divided into four 12-week periods: placebo, high- or low-dose ramipril, crossover to low- or high-dose ramipril, and placebo. Blood pressure, glomerular filtration rate, renal plasma flow rate, urinary protein excretion rate, and plasma angiotensin II levels were measured at the end of each period. Mean arterial pressure, urine protein to creatinine ratio, and **albumin** excretion rate decreased significantly during low- and high-dose ramipril. Glomerular filtration rate and renal plasma flow rate were not changed significantly.
Plasma angiotensin II levels decreased with both low- and high-dose ramipril. There were no episodes of hypotension and only one subject developed cough during ramipril that did not require discontinuation of the study drug. In conclusion, administration of ramipril in both low and high doses lowered blood pressure and reduced proteinuria in this cohort of normotensive patients with a variety of proteinuric **renal diseases**. The antiproteinuric effect of ramipril is probably mediated by a reduction in glomerular capillary pressure.

L11 ANSWER 13 OF 15 MEDLINE
AB Microalbuminuria predicts early mortality and **renal disease** in non-insulin-dependent diabetic patients. In insulin-dependent diabetic patients, angiotensin converting enzyme inhibition decreases microalbuminuria and retards the progression of **renal disease**. The aim of this study was to evaluate the effect of low dose ramipril on **albumin** excretion rate (AER) and blood pressure in non-insulin-dependent diabetic patients with persistent microalbuminuria (AER > 20 < 200 micrograms/min) and normal blood pressure or mild hypertension. The study was a randomized, double-blind, placebo-controlled clinical trial of 6 months duration at 14 hospital-based diabetes centers in northeastern Italy. Blood pressure, plasma glucose, and body weight were determined every month; AER, serum creatinine, glycosylated hemoglobin, and plasma lipids at baseline, after 1 month, and at the end of the study. Of 122 non-insulin-dependent diabetic patients randomly allocated in blocks of four to receive either ramipril (1.25 mg/day) or placebo, 108 (54 in the ramipril group and 54 in the placebo group) completed the study. At baseline, age, duration of diabetes, body mass index, and glycosylated hemoglobin were similar in the two groups and remained unchanged throughout the study. In the placebo group, AER rose from a baseline median of 65 micrograms/min (range 53 to 76, 95% confidence Interval) to 72 micrograms/min (57 to 87) and to 83 micrograms/min (62 to 104) after 1 and 6 months, respectively, but fell from 62 micrograms/min (48 to 76) to 45 micrograms/min (33 to 57) and to

Journal code: 8110075. ISSN: 0272-6386.
PUB. COUNTRY: United States
DOCUMENT TYPE: (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
(RANDOMIZED CONTROLLED TRIAL)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 199701
ENTRY DATE: Entered STN: 19970128
Last Updated on STN: 19970128
Entered Medline: 19970115

=> d ibib 13

L11 ANSWER 13 OF 15 MEDLINE
ACCESSION NUMBER: 96051093 MEDLINE
DOCUMENT NUMBER: 96051093 PubMed ID: 8541002
TITLE: Effect of low-dose ramipril on microalbuminuria in normotensive or mild hypertensive non-insulin-dependent diabetic patients. North-East Italy Microalbuminuria Study Group.
AUTHOR: Trevisan R; Tiengo A
CORPORATE SOURCE: Unit for Metabolic Diseases, University of Padua, Italy.
SOURCE: AMERICAN JOURNAL OF HYPERTENSION, (1995 Sep) 8 (9) 876-83.
Journal code: 8803676. ISSN: 0895-7061.
PUB. COUNTRY: United States
DOCUMENT TYPE: (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
(MULTICENTER STUDY)
(RANDOMIZED CONTROLLED TRIAL)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 199602
ENTRY DATE: Entered STN: 19960227
Last Updated on STN: 19960227
Entered Medline: 19960214

Adonis

=> d ibib 14

L11 ANSWER 14 OF 15 EMBASE COPYRIGHT 2002 ELSEVIER SCI. B.V.
ACCESSION NUMBER: 93203530 EMBASE
DOCUMENT NUMBER: 1993203530
TITLE: Monitoring diabetic nephropathy: Glomerular filtration rate
and abnormal albuminuria in diabetic **renal disease** - Reproducibility, progression, and efficacy of antihypertensive intervention.
AUTHOR: Mogensen C.E.; Hansen K.W.; Nielsen S.; Pedersen M.M.; Rehling M.; Schmitz A.
CORPORATE SOURCE: Med. Dept. M Diabetes/Endocrinology, Aarhus Kommunehospital, University Hospitals, DK-8000 Aarhus C, Denmark
SOURCE: American Journal of Kidney Diseases, (1993) 22/1 (174-187).
ISSN: 0272-6386 CODEN: AJKDDP
COUNTRY: United States
DOCUMENT TYPE: Journal; Conference Article
FILE SEGMENT: 006 Internal Medicine

53 micrograms/min (38 to 69), respectively, in the ramipril group, a significant difference between the groups (P < .01).(ABSTRACT TRUNCATED AT 250 WORDS)

L11 ANSWER 14 OF 15 EMBASE COPYRIGHT 2002 ELSEVIER SCI. B.V.

AB The principal end point in the evaluation of treatment in incipient and overt diabetic nephropathy is rate of decline in glomerular filtration rate (GFR). Therefore, information on reproducibility of GFR measurements is essential in the planning and evaluation of clinical trials. We studied reproducibility of GFR measurements in insulin-dependent and non-insulin-dependent diabetes mellitus patients using, respectively, a constant-infusion technique with urine collection and labeled iothalamate as a tracer marker and a single-shot procedure using Cr-EDTA, measuring the GFR from the decline in plasma level after bolus injection. The coefficient of variance in the insulin-dependent patients was from 7.5% to 8.8% with repeated measurements. In longitudinal studies with several measurements the mean coefficient of variances varied between 7.4% and 3.4%. In the non-insulin- dependent patients the coefficient of variances between two tests were 7.0% and 5.3% for normoalbuminuric and microalbuminuric patients, respectively. In cross-sectional studies as well as in longitudinal studies, it has been consistently shown that GFR is well preserved and at a supranormal level in patients with normoalbuminuria and microalbuminuria. A decline in GFR appears to start around the transition from microalbuminuria to overt diabetic **renal disease**, although more detailed studies are needed to support this finding. With regard to intervention trials, several studies document that microalbuminuria can be reduced by effective antihypertensive treatment, particularly with angiotensin-converting enzyme inhibitors, also in patients with normal or close to normal blood pressure. Preliminary results from long- term studies suggest that reduction in microalbuminuria in these patients is associated with preservation of GFR and, thus, apparently renoprotection. In patients with overt **renal disease**, it has been consistently shown that antihypertensive treatment reduces albuminuria as well as the rate of decline in GFR. This is also observed with combined treatment regimens, for instance beta blockers or angiotensin-converting enzyme inhibitors combined with diuretics, or the three types of drugs in combination.

=> d ibib 11

L11 ANSWER 11 OF 15 MEDLINE DUPLICATE 2

ACCESSION NUMBER: 97115942 MEDLINE
DOCUMENT NUMBER: 97115942 PubMed ID: 8957034
TITLE: Effect of ramipril on blood pressure and protein excretion rate in normotensive nondiabetic patients with proteinuria.
AUTHOR: Toto R D; Adams-Huet B; Fenves A Z; Mitchell H C; Mulcahy W; Smith R D
CORPORATE SOURCE: Department of Internal Medicine, University of Texas Southwestern Medical Center at Dallas, 75235-8856, USA.
CONTRACT NUMBER: MO1-RR006633 (NCRR)
SOURCE: AMERICAN JOURNAL OF KIDNEY DISEASES, (1996 Dec) 28 (6) 832-40.

	023	Nuclear Medicine
	028	Urology and Nephrology
	037	Drug Literature Index
LANGUAGE:	English	
SUMMARY LANGUAGE:	English	

Article title	Effect of Low-Dose Ramipril on Microalbuminuria in Normotensive or Mild Hypertensive Non-Insulin-Dependent Diabetic Patients
Article identifier	0895706195102041
Authors	Trevisan_R Tiengo_A
Journal title	American Journal of Hypertension
ISSN	0895-7061
Publisher	Elsevier USA
Year of publication	1995
Volume	8
Issue	9
Supplement	0
Page range	876-883
Number of pages	8
User name	Adonis
Cost centre	Development
PCC	$20.00
Date and time	Thursday, September 05, 2002 2:17:12 PM

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1	BRS	L1	21	comper.in.	USPAT; US-PGPUB; EPO; JPO; DERWENT
2	BRS	L2	3271	435/5.ccls.	USPAT; US-PGPUB; EPO; JPO; DERWENT
3	BRS	L3	3921	435/4.ccls.	USPAT; US-PGPUB; EPO; JPO; DERWENT
4	BRS	L4	1229	435/28.ccls.	USPAT; US-PGPUB; EPO; JPO; DERWENT
5	BRS	L5	818	424/130.1.ccls.	USPAT; US-PGPUB; EPO; JPO; DERWENT
6	BRS	L6	350	424/9.2.ccls.	USPAT; US-PGPUB; EPO; JPO; DERWENT
7	BRS	L7	2279	530/300.ccls.	USPAT; US-PGPUB; EPO; JPO; DERWENT
8	BRS	L8	412	530/303.ccls.	USPAT; US-PGPUB; EPO; JPO; DERWENT
9	BRS	L9	421	530/344.ccls.	USPAT; US-PGPUB; EPO; JPO; DERWENT
10	BRS	L10	173	530/359.ccls.	USPAT; US-PGPUB; EPO; JPO; DERWENT
11	BRS	L11	338	530/362.ccls.	USPAT; US-PGPUB; EPO; JPO; DERWENT
12	BRS	L12	493	530/363.ccls.	USPAT; US-PGPUB; EPO; JPO; DERWENT
13	BRS	L13	931	530/380.ccls.	USPAT; US-PGPUB; EPO; JPO; DERWENT
14	BRS	L14	303	530/382.ccls.	USPAT; US-PGPUB; EPO; JPO; DERWENT
15	BRS	L15	224	530/386.ccls.	USPAT; US-PGPUB; EPO; JPO; DERWENT
16	BRS	L16	133	530/392.ccls.	USPAT; US-PGPUB; EPO; JPO; DERWENT
17	BRS	L17	123	530/394.ccls.	USPAT; US-PGPUB; EPO; JPO; DERWENT
18	BRS	L18	1605	530/395.ccls.	USPAT; US-PGPUB; EPO; JPO; DERWENT
19	BRS	L19	1389	530/399.ccls.	USPAT; US-PGPUB; EPO; JPO; DERWENT
20	BRS	L20	1023	530/413.ccls.	USPAT; US-PGPUB; EPO; JPO; DERWENT
21	BRS	L21	16701	l2 or l3 or l4 or l5 or l6 or l7 or l8 or l9 or l10 or l11 or l12 or l13 or l14 or l15 or l16 or l17 or l18 or l19 or l20	USPAT; US-PGPUB; EPO; JPO; DERWENT
22	BRS	L22	2	l21 and l1	USPAT; US-PGPUB; EPO; JPO; DERWENT
23	BRS	L23	3	lysosome and l1	USPAT; US-PGPUB; EPO; JPO; DERWENT
24	BRS	L24	56122	albumin	USPAT; US-PGPUB; EPO; JPO; DERWENT
25	BRS	L25	2074	lysosome	USPAT; US-PGPUB; EPO; JPO; DERWENT
26	BRS	L26	23	l24 same l25	USPAT; US-PGPUB; EPO; JPO; DERWENT
27	BRS	L27	4459	l24 same fragment	USPAT; US-PGPUB; EPO; JPO; DERWENT
28	BRS	L28	3	l27 same l25	USPAT; US-PGPUB; EPO; JPO; DERWENT

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29	BRS	L29	16354	(kidney or renal) with disease	USPAT; US-PGPUB; EPO; JPO; DERWENT
30	BRS	L30	778	l29 same hormone	USPAT; US-PGPUB; EPO; JPO; DERWENT
31	BRS	L31	124	l30 same insulin	USPAT; US-PGPUB; EPO; JPO; DERWENT
32	BRS	L32	1	l31 same albumin	USPAT; US-PGPUB; EPO; JPO; DERWENT
33	BRS	L33	10751	l29 same treat$4	USPAT; US-PGPUB; EPO; JPO; DERWENT
34	BRS	L34	1303	l33 same protein	USPAT; US-PGPUB; EPO; JPO; DERWENT
35	BRS	L35	31	l34 same albumin	USPAT; US-PGPUB; EPO; JPO; DERWENT
36	BRS	L36	9	l34 same ace	USPAT; US-PGPUB; EPO; JPO; DERWENT

	Time Stamp	Comments	Error Definition	Errors
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35	2002/09/05 09:40			0
36	2002/09/05 09:41			0

FILE 'MEDLINE, BIOSIS, EMBASE, CAPLUS, DRUGU, SCISEARCH' ENTERED AT 12:02:11 ON 05 SEP 2002

L1	477	S (COMPER, W?)/AU
L2	342237	S (KIDNEY OR RENAL) (S) DISEASE
L3	40	S L1 AND L2
L4	21	DUP REM L3 (19 DUPLICATES REMOVED)
L5	51295	S ACE INHIBITOR
L6	4159	S L2 AND L5
L7	2928	S L2 (P) L5
L8	242	S L7 AND ALBUMIN
L9	16	S L8 AND RAMIPRIL
L10	10	DUP REM L9 (6 DUPLICATES REMOVED)